


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K39138**  
 1. Entity Name  
**PUMPKIN HOMES INC.**



Principal Place of Business      Mailing Address  
**419 KEY EXECUTIVE BUILDING**      **419 KEY EXECUTIVE BUILDING**  
**104 CRANDON BLVD.**                      **104 CRANDON BLVD.**  
**KEY BISCAWAYNE, FL 33149**              **KEY BISCAWAYNE, FL 33149**

**DO NOT WRITE IN THIS SPACE**



01242006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0082951**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SOTO, MYRNA**  
**104 CRANDON BLVD #419**  
**KEY BISCAWAYNE, FL 33149**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPENCER, S.A.
STREET ADDRESS	251 CRANDON BLVD #164
CITY-ST-ZIP	KEY BISCAWAYNE, FL
TITLE	VDAS
NAME	SPENCER, MARY M.
STREET ADDRESS	251 CRANDON BLVD., #164
CITY-ST-ZIP	KEY BISCAWAYNE, FL
TITLE	S
NAME	LEISCHNER, STEVEN
STREET ADDRESS	1979 DOGWOOD DR.
CITY-ST-ZIP	SCOTCH PLAINS, NJ 07078
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/25/06-80024-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *By: Steven Leischner* Secretary      2-6-06      (305) 361-8864  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #